

being a nurse, but reaching this goal will be a challenge for her. She cannot always attend classes, as she sometimes has to look after her siblings. Because money is scarce, she has a difficult time paying for school materials and other costs of her education.

But Fanny is more fortunate than many girls in similar circumstances. With the help of her Village AIDS Committee, a community-based organization that has organized to take care of the orphans in its village, Fanny and her siblings receive food, soap, school materials, and also medicines. Through the Village AIDS Committee, which receives support from Save the Children, the community assists Fanny in watching her siblings so she can attend school.

This June, I introduced the Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2004. My bill would require the United States Government to develop a comprehensive strategy for providing assistance to orphans and would authorize the President to support community-based organizations that provide basic care for orphans and vulnerable children.

Furthermore, my bill aims to improve enrollment and access to primary school education for orphans and vulnerable children by supporting programs that reduce the negative impact of school fees and other expenses. It also would reaffirm our commitment to international school lunch programs. School meals provide basic nutrition to children who otherwise do not have access to reliable food. They have been a proven incentive for poor and orphaned children to enroll in school.

In addition, many women and children who lose one or both parents often face difficulty in asserting their inheritance rights. Even when the inheritance rights of women and children are spelled out in law, such rights are difficult to claim and are seldom enforced. In many countries, it is difficult or impossible for a widow—even if she has small children—to claim property after the death of her husband. This often leaves the most vulnerable children impoverished and homeless. My bill seeks to support programs that protect the inheritance rights of orphans and widows with children. Although the legislation will not become law this session, I am hopeful that, with bipartisan support, it will become law early next year.

The AIDS orphans crisis in sub-Saharan Africa has implications for political stability, development, and human welfare that extend far beyond the region. Turning the tide on this crisis will require a coordinated, comprehensive, and swift response. I am hopeful that, with the President's Emergency Plan for AIDS Relief, the Global Fund, and the Congress, we can make great strides in the battle against this pandemic.

Mr. LEVIN. Mr. President, December 1 marked the 17th annual observance of

World AIDS Day. HIV/AIDS is an epidemic that requires a global solution and the United States has a responsibility to lead the world in addressing this horrible disease.

Since the beginning of the HIV/AIDS epidemic more than two decades ago, over 21 million people have died as a result of this disease. Worldwide, more than 42 million people are living with HIV/AIDS. It is estimated that AIDS claims the lives of over 8,000 people per day and 5 million more people are infected with HIV/AIDS each year.

This year's theme for Global AIDS Day is "Women, Girls, HIV and AIDS" to recognize and call attention to the rapidly growing number of females with HIV/AIDS. Women, and especially young women, are almost two and a half times more vulnerable to the disease than men because of the social and educational inequalities they face in many areas of the world. Women are much more likely to be sexually abused and are less likely to be aware of the risks associated with unprotected sex and IV drug use. Women also risk passing the disease on to their newborn children. It is estimated that over 19 million women currently live with HIV/AIDS, of which 2 million will pass the disease on to over 700,000 newborn children worldwide this year alone.

Tragically, more Americans lost their lives to AIDS in the 1990s than in all wars in U.S. history. Currently it is estimated that there are nearly 950,000 Americans living with HIV/AIDS, nearly one-third of which do not know they are infected. The disease continues to spread throughout the country and we have seen infection rates among women and minorities rise at alarming rates over the last few years.

The vast majority of deaths from HIV/AIDS occur in the developing world, most notably in Africa where AIDS is the leading cause of death. While Africa accounts for only 10 percent of the world's population, approximately two-thirds of the world's HIV/AIDS cases occur there. There are an estimated 11,000 new infections per day in Africa and 57 percent of all women living with HIV/AIDS live in sub-Saharan Africa.

In addition, there have been dramatic increases in HIV/AIDS cases in Asia, Eastern Europe, and the Caribbean. This is clearly not a regional issue. The disease is spreading in every corner of the globe. The industrialized world has benefited greatly from new medicines that help people live with HIV/AIDS, but most developing countries still lack access to them in sufficient quantities. In many areas, non-governmental organizations are operating small-scale pilot programs that clearly are not adequate to meet the needs of the millions who are living with the disease. In order to successfully combat HIV/AIDS on a global scale, resources must continue to be made available to developing countries to assist in integrating prevention, treat-

ment, and education programs into a national health care system.

There are no easy solutions to the problems associated with this epidemic. Researchers are continuing to work hard to find new treatments and ultimately a cure for this devastating disease. Halting the spread of the epidemic requires prevention and a commitment to supporting organizations that are vigorously working to defeat HIV/AIDS through education, humanitarian relief, and public awareness.

We must recognize the sobering reality that this disease continues to spread and infect people around the globe regardless of race, gender, age, or income. Remembering those who have already lost their lives to HIV/AIDS requires us to redouble our efforts to defeat the disease and prevent its spread to new members of our communities.

NORTHERN ARIZONA FOREST LANDS EXCHANGE AND VERDE RIVER BASIN PARTNERSHIP ACT

Mr. MCCAIN. Mr. President, after several years of negotiation and compromise, I am pleased that the Northern Arizona Forest Lands Exchange and Verde River Basin Partnership Act of 2004 was approved by the Senate today. Through the dedicated efforts of all parties, this bipartisan agreement provides a sound framework for a fair and equal value exchange of 50,000 acres of private and public land in Northern Arizona. The bill also addresses the water issues raised by the exchange of lands located within the Verde River Basin watershed by limiting water usage on certain exchanged lands and by supporting the development of a collaborative science based water resource planning and management entity for the Verde River Basin watershed.

It is gratifying that the compromise reached on the bill, after countless hours of deliberation and discussion, is both balanced and foresighted in terms of addressing the various issues raised by the exchange. I want to thank Senator KYL and his staff, as well as Senators DOMENICI and BINGAMAN, and their staffs on the Senate Energy and Natural Resources Committee, for their tireless efforts in reaching this agreement. I also want to recognize the work of Congressmen RENZI and HAYWORTH who have championed this legislation in the House of Representatives.

The bill sets forth a sound process for the achievement of a fair market value exchange which is expected to offer significant benefits for all parties. Benefits will accrue to the U.S. Forest Service and the public with the consolidation of checkerboard lands and the protection and enhanced management of extensive forest and grasslands. The communities of Flagstaff, Williams, and Camp Verde also will benefit in terms of economic development, water supply, and other important purposes.

Since introducing this legislation in April 2003, I have heard from hundreds

of Arizonans and learned first-hand of the significant water issues raised by the transfer of federal land into private ownership. I want to thank all of the citizens that offered their time, expertise, and interest and provided us with valuable information on these issues. In large measure because of their efforts, I am more keenly aware that one of the most crucial challenges facing Arizona is the wise management of its water resources, particularly as we endure extended drought coupled with rapid population growth. Therefore, I am pleased that in addition to facilitating the Northern Arizona land exchange, this bill includes a number of new provisions to address water supply concerns associated with the exchange.

First, in order to ensure that current water users and water rights holders are not adversely affected by increased future water demands, an agreement was reached to remove an 820 acre parcel of federal land in the Verde Valley, where the long-term availability of water supplies is uncertain and current problems exist. On the remaining 2000 acre parcel of federal land in the Verde Valley, a maximum water use limit of 300 acre-feet per year has been established along with other land and water use restrictions.

Further, this bill includes a new title which supports the creation of a Verde River Basin Partnership to advance sound water resource decision-making at the state and local level in Northern Arizona.

The development of a sound, long-term watershed management plan requires the involvement of all the stakeholders with water supply responsibilities and interests and a foundation of knowledge about available resources and existing demands. We are fortunate to have an existing model of collaborative science-based water resource planning and management with the Upper San Pedro Partnership in the Sierra Vista subwatershed of Arizona. In my view, the establishment of a similar, cooperative body in the Verde Basin will be a vital step in assuring the wise use of our limited water resources.

Again, I want to thank all of the parties involved in this legislation during the past several years.

VETERANS HEALTH PROGRAMS IMPROVEMENT ACT OF 2004

Mr. GRAHAM of Florida. Mr. President, I rise today to applaud the passage of H.R. 3936, which is essentially a conference report on various veterans' health care measures. This bill will go far in giving the Department of Veterans Affairs, VA, the tools it needs to continue providing high-quality health care to our Nation's veterans. Though the bill contains many important provisions, I would like to draw attention to just a few of its key ones.

H.R. 3936 would authorize specialized centers to improve the rehabilitation services available to veterans suffering

from multiple combat injuries. The centers would focus on all aspects involved in the development of improved rehabilitation programs, including through research, education, and clinical activities. These comprehensive centers are designed specifically to fill the gap that currently exists in the treatment of the complex injuries that result from modern conflict. Due to technological advancements in warfare and body armor, as well as improvements in battlefield medical care, an increased number of service personnel are surviving wounds that probably would have been fatal in previous wars.

The centers would be part of a larger collaboration effort between the Department of Veterans Affairs, VA, and the Department of Defense, DoD, in order to improve the rehabilitation process and treatment of these service members once they have returned from overseas. The initiative as a whole truly represents the way in which VA health care is evolving with changes in the areas of warfare and health care delivery.

The Veterans Health Programs Improvement Act of 2004 also would require VA to track waiting times for specialty care services and subsequently issue to Congress a report on any such waiting times of more than 3 months. VA has been suffering from a severe shortage of specialty care physicians. This shortage has led to significant increases in the time it takes for veterans to get appointments for specialty services like audiology and ophthalmology.

This compromise legislation would also provide a fix for the way VA per diem payments to State homes for veterans are handled, as they relate to Medicaid. Recently, many State homes have become Medicaid-certified to secure eligibility for payment for any veteran who qualifies under the Medicaid program. However, Medicaid officials determined that VA per diem payments made to State homes for the care of veterans are "additional payments" made on behalf of an individual patient. Thus, VA's per diem payments must be reimbursed to the Medicaid program. This provision would specify that per diem payments made by VA for the care of veterans in State homes will not be used to offset or reduce any other payment made to assist veterans in securing health care services. The impact of this change will be felt in many States across the country, including my home State of Florida.

Mr. President, I am proud to have contributed to legislation that is so vital to the continued provision of quality health care to our Nation's veterans. I thank my colleagues in both Chambers of Congress for their support of this measure.

VETERANS' BENEFITS IMPROVEMENT ACT OF 2004

Mr. GRAHAM of Florida. Mr. President, as ranking member of the Com-

mittee on Veterans' Affairs, I am proud to announce the passage of S. 2486, the Veterans Benefits Improvement Act of 2004, by both Chambers of Congress.

This bill, which I shall call the compromise agreement, is the final version of a veterans omnibus bill. The compromise agreement will improve and expand a host of veterans benefits, including: survivors benefits for spouses with dependent children; housing benefits; and educational benefits for Guard and Reserve members, veterans, and spouses of veterans killed on active duty.

It is very appropriate that at a time when our airmen, soldiers, sailors and marines are in harm's way, that we remember the sacrifices that those before them have made on behalf of this great Nation by improving and expanding veterans benefits for our Nation's bravest and their families.

I will briefly highlight some of the more important provisions. For further explanation of the proposed legislation please see the Joint Explanatory Statement, which accompanied the passage of the bill.

Dependency and indemnity compensation is a monthly benefit paid to eligible survivors of service members who died on active duty, and of certain veterans. A larger monthly benefit is paid to surviving spouses with children under the age of 18. Under this legislation, dependency and indemnity compensation for survivors, with dependent children, of spouses killed on active duty would be increased by \$250 a month, for 2 years, beginning on the date when entitlement to benefits begins. A VA contracted study found that spouses with children had a higher level of unmet need than spouses without children. This provision is included to further aid the transition of surviving spouses with dependent children. We must make every effort to make certain that the families of service members who paid the ultimate sacrifice have their needs met.

Owning a home of one's own is the American Dream. This legislation would make that dream a reality for more of our veterans by increasing the maximum amount of the VA home loan guaranty. The current VA loan limit of \$240,000 restricts beneficiaries from using the guaranty because it is insufficient to cover median housing prices in many parts of the Nation. Section 403 of the compromise agreement would increase the maximum VA loan amount to \$333,700. It would also index the loan limit to 25 percent of the conforming loan limit for a single-family residence as set by Freddie Mac. This would allow the loan limit to continue to rise with the cost of housing inflation automatically. This change, coupled with the reinstatement of the VA adjustable rate mortgage loan program and improvement of the hybrid adjustable rate mortgage loan program will allow many more veterans to be able to purchase a home.